

**YOUR HOSPITAL NAME HERE  
POLICY AND PROCEDURE**

<b>Subject:</b> DOCUMENTATION OF ALL IMMUNIZATIONS IN NEVADA WEBIZ			<b>Policy #</b>
<b>Source:</b> Perinatal and Pediatric Clinical Nurse Specialists			<b>Supersedes #</b>
<b>Origination Date:</b> December 2006	<b>Revision Date:</b> December 2010	<b>Reviewed Date:</b> December 2010	<b>Page 1 of 2</b>

**PURPOSE:**

1. To comply with Nevada Revised Statute (NRS) 439.265, which states that all recommended immunizations given in Nevada must be recorded in Nevada WebIZ, our statewide immunization registry.
2. To improve the documentation records of immunizations in the State of Nevada.
3. Provide more accurate information on all immunization rates at \_\_\_\_\_.

**POLICY:**

1. All vaccines given to newborns, children, adolescents and adults at \_\_\_\_\_ will be documented in Nevada WebIZ. These will include but are not limited to:
  - a. Birth dose Hepatitis B
  - b. Hepatitis B Immunoglobulin
  - c. Tdap for “cocooning”
  - d. Influenza for “cocooning”
  - e. Any other vaccines for patients or family members of all ages
2. The \_\_\_\_\_ data entry personnel will collect and enter all data into Nevada WebIZ in a timely manner.
3. The Nevada State Health Division (NSHD) will use this protected data to verify accurate immunization rates for all ages at \_\_\_\_\_.
4. The Nevada State Health Division may provide temporary “legacy data” entry support services to \_\_\_\_\_ for the Nevada WebIZ program as finances allow.

**PROCEDURE:**

1. The Nevada WebIZ Disclosure Statement Poster is to be posted prominently in all areas where vaccines are administered to inform patients and the public of this law.
2. Patients and family members DO NOT need to give consent for their (or their child’s) information to be entered into the registry.
  - a. Please make sure the patient (or parent/guardian) understands what the registry is and offer to answer any questions they may have.
  - b. You may always refer them to the Nevada WebIZ Help Desk for further information.
  - c. The Help Desk phone number is 775-684-5954 (toll-free for long distance: 1-877-689-3249).

- d. The patient DOES NOT need to sign a form if they DO NOT object to having their (or their child's) data entered into the registry.
3. You may now enter their data into Nevada WebIZ.
4. If the patient objects to having their data entered into the registry, DO NOT enter their data.
5. Patients must sign the Participation Form if they DO NOT want to have their (or their child's) information entered into the registry.
  - d. Patients who previously did not want to participate and now do must sign this form to have their information entered into the registry.
  - e. Only provide the form to patients who DO NOT want to participate and to those that previously did not want to participate and now do.
  - f. If any of your patients sign a Participation Form for EITHER of the reasons listed above, you must submit a copy of the form to the Nevada WebIZ Help Desk.
  - g. At the end of each month, please mail or fax photocopies of any forms received during that month to the Help Desk at:

Nevada WebIZ Help Desk  
4150 Technology Way, Suite 210  
Carson City, NV 89706  
OR  
Fax – 775-687-7596

**REFERENCES:**

- Nevada Revised Statute (NRS) 439.265, January 2010
- Nevada State Health Division, Immunization Program
- Nevada State Health Division, Nevada WebIZ
- Centers for Disease Control and Prevention

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**RESOURCES:**

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Level of Evidence: III